CTV FORM 400 STATEMENT OF OWNERSHIP

Please provide the following information for each Issuing Authority. Note that communities served by the same legal entity may be aggregated.

(1)	(a)	The full legal name of the cable operator's legal entity (corporation or partnership) holding the cable television license.			
	Name:	See Attachment A			
	(b)	If applicable, the d/b/a or generally used name of the legal entity within the Issuing Authority's community.			
	Name:				
(2)	The full legal name of the ultimate parent entity/ies which own(s) the corporation or partnership holding the cable license.				
	Name:	Comcast Corporation	FEDERAL ID 27-0000798		
(3)	The regional office(s) managing the cable licenses in Massachusetts:				
	Name:		Comcast Cable Communications, LLC		
	Street A	ddress:	676 Island Pond Road		
	Municipa	ality, State & Zip Code:	Manchester, NH 03109		
	Contact	Person:	Edward Zimmermann		
Contact		Person's Title:	Division Sr. Vice President, Finance		
	Contact	Person's Telephone Number:	(603) 695 - 1452		
(4)	The corporate office of the ultimate parent entity:				
	Name:		Comcast Corporation		
	Street A	ddress:	1701 John F Kennedy Boulevard		
	Municipa	ality, State & Zip Code:	Philadelphia, PA 19103		
	Contact	THE COLOR OF THE C	Edward Zimmermann		
	Contact	Person's Title:	Division Sr. Vice President, Finance		
	Contact	Person's Telephone Number:	(603) 695 - 1452		

CERTIFICATION PAGE

Financial and Statistical Data Forms for the year ending December 31, 2014

Cable Operator:	Comcast Cable Communica	ations, LLC					
Address:	676 Island Pond Road Manchester, NH 03109						
Telephone:	(603) 695 - 1468 Fax:	(603) 628 - 3365					
Name of person completing these forms: Mark Renaud							
Title: Director of Regulatory Accounting							
Number of cable franchises in Massachusetts at most recent year end: 240							
Number of cable subscribers in Massachusetts at most recent year end: 1,485,512							
Form of Organizat	ion (circle one)	Corporation	Partnership Other				
Is the company owned or controlled by a Multiple System Operator (MSO)? Yes							
Name, address and telephone number of MSO: Comcast Corporation 1500 Market Street							
			phia, PA 19102				
CERTIFICATION							
G.L. c. 166A, sec. 8, requires the execution of this certification by the treasurer of the corporation.							
I certify that all the information contained in these forms are true and complete to the best of my knowledge. All material changes requiring an explanation have been explained.							
Signed and sworn to under the pains and penalties of perjury this 27th day of April 2015							
Division Sr. Vice President, Finance							
Signature							

CTV FORM 400 ATTACHMENT A 12/31/2014

Name: Comcast Cable Communications, LLC

(1) (a) The full legal name of the cable operator's legal entity (corporation or partnership) holding the cable television license.

Legal Entity

Comcast MO of Delaware, LLC
Comcast of Boston, Inc.
Comcast of Massachusetts III, Inc.
Comcast of California/Massachusetts/Michigan/Utah, Inc.
Comcast of Connecticut/Georgia/Massachusetts/New Hampshire/New York/North Carolina/Virginia/Vermont, LLC